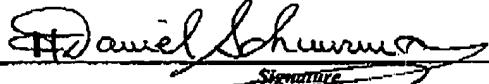
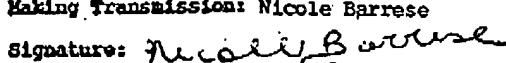


FEB 14 2006

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b> Applicant(s): Zahi M. Kurzum et al.				Docket No. <b>FIS9-2003-0418-US1</b>		
Application No. <b>10/766,549</b>	Filing Date <b>01/27/2004</b>	Examiner <b>Nghia M. Doan</b>	Customer No. <b>32,074</b>	Group Art Unit <b>2825</b>	Confirmation No. <b>3089</b>	
Invention: <b>METHOD FOR LEGALIZING THE PLACEMENT OF CELLS IN AN INTEGRATED CIRCUIT LAYOUT</b>						
<b>COMMISSIONER FOR PATENTS:</b>						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	19	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	3	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0458 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 <i>Signature</i>				Dated: February 14, 2006		
H. Daniel Schnurmann Registration No.: 35,791 Telephone No.: 845-894-2481 Fax No.: 845-892-6363				<b>CERTIFICATION OF FACSIMILE TRANSMISSION:</b> I hereby certify that this correspondence is being facsimile transmitted to the USPTO on the date shown below: Date of Transmission: Name of Person Making Transmission: Nicole Barrese Signature: 		
CC:						